



Kelcie's Place Inc.® Intake Form

Child's Name _____ Male _____ Female _____ DOB _____

Parent (1) _____ Parent (2) _____

Address _____ City _____ Zip _____

Parent (1) Phone

Home _____

Work _____

Cell/Other _____

Email _____

Parent (2) Phone

Home _____

Work _____

Cell/Other _____

Email _____

How did you hear about KPI? _____ Requested Start Date _____

Requested Schedule: M-F M, W, F T, TH Hours Preferred: _____

Other services your child is receiving: _____

Allergies or medical needs: _____

Other information we should know about your child: _____

Please complete this form and return it to **Kelcie's Place Inc.**

Office Use Only: _____

Check Number _____ Notes _____ Date Received _____